

PROP

misc

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER

CALIFORNIANS FOR FAIR EDUCATION FUNDING, A COALITION OF BUSINESS,
EDUCATORS AND TAXPAYERS - NO ON 92

AREA CODE/PHONE NUMBER

415-389-6800

I.D. NUMBER (if applicable)

1301493

STREET ADDRESS

CITY

MILL VALLEY, CA 94941

STATE

ZIP CODE

Date of

This Filing

01/22/2008

Report No.

LCR07-014

☐ Amendment
to Report No. _____
(explain below)

No. of Pages

1

RECEIVED AND FILE
in the office of the Secretary of State
of the State of California

JAN 22 2008

DEBRA BOWEN
Secretary of State
RBBCALIFORNIA
FORM

497

For Official Use Only

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/22/2008	CALIFORNIA REPUBLICAN PARTY (N810163) BURBANK, CA 91506	CALIFORNIA REPUBLICAN PARTY GENERAL PURPOSE COMMITTEE	35,000.00	

☒ Secretary of State Political Reform Division
FAX: (916) 553-5045
☒ San Francisco County Registrar of Voters
FAX: (415) 551-7344
☒ LA County Registrar/Recorder Campaign
Reporting
FAX: (562) 651-2548
☐ FAX: ()

Reason for Amendment:

7882.01 *[Signature]* Issu
 FPPC Form 497 (January/85)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/278-3772)

SMO

PROP 92

Slate Mailer Late Payment Report

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

CALIFORNIA
FORM 498

JAN 23 2008

For Official Use Only

☐ Amendment No. _____

Report No. 03

DEBRA BOWEN
Secretary of State

R/dm

NAME OF SLATE MAILER ORGANIZATION

COPS VOTER GUIDE

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

I.D. NUMBER

(916) 353-2778

599014

STREET ADDRESS

705-2 E. BIDWELL STREET, #370

CITY

STATE

ZIP CODE

FOLSOM CA, 95630

Late Payment(s) Received From:

NAME

CFT Cope Prop/Ballot

I.D. NUMBER (if applicable)

1240104

ADDRESS

CITY

STATE ZIP CODE

Burbank CA 91505

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

01/23/2008

AMOUNT

\$ 12,500.00

NAME OF CANDIDATE OR BALLOT MEASURE:

Yes or. Prop 92 92

☒ SUPPORT☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

Statewide

\$ 12,500.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$